Care Fusion INFUSION CENTERS

AIC Neurology #1 - General

Fax: 855-733-9898
Phone: 877-460-3905

Patient Information

Patient Name: _____ DOB: _____ Height: _____ Weight: _____ Patient Contact #: _____

Medical Assessment

Diagnosis (ICD-10):

Kisunla & Leqembi

- ❑ G30.9 Alzheimer's Disease, Unspecified
- ❑ G30.8 Other Alzheimer's Disease
- ❑ G30.0 Alzheimer's Disease with Early Onset
- ❑ G30.1 Alzheimer's Disease with Late Onset

Rystiggo & Soliris

- ❑ G70.00 Generalized Myasthenia Gravis (gMG)
- ❑ D59.3 Atypical Hemolytic Uremic Syndrome (aHUS)
- ❑ D59.5 Paraxysmal Nocturnal Hemoglobinuria (PNH)
- ❑ Other: _____

****Please include a demographics page, front and back of an insurance card, any clinical notes with supporting diagnosis, lab-work, tests, and any other supporting documentation including past tried and / or failed therapies associated with diagnosis****

Allergies: _____

Pre-Medication Orders:

- ❑ APAP □ 325mg □ 500mg □ 650mg - PO 30 minutes before infusion
- ❑ Diphenhydramine □ 25mg □ 50mg – PO 30 minutes before infusion OR □ 25mg IVP □ 50mg IVP
- ❑ Alternate Oral Antihistamines: □ Cetirizine 10mg □ Loratadine 10mg □ Fexofenadine 60mg or □180mg
- ❑ Methylprednisolone □ 40mg IVP □ 125mg IVP or other ____ mg IVP
- ❑ Famotidine □ 20mg PO □ 40mg PO □ 20mg IVP □ 40mg IVP
- ❑ Ondansetron □ 4 mg IVP □ 4 mg PO

Labwork: _____ To be Drawn by: ☐ Infusion Clinic ☐ Referring Provider

Medication

Kisunla (donanemab-azbt)

- ❑ Standard Induction: Kisunla 700mg IV every 4 weeks x 3 doses.
- ❑ Modified Induction: Kisunla 350mg IV at week 0, 700mg IV at week 4, and 1050mg IV at week 8.
- ❑ Maintenance**:** Kisunla 1400mg IV every 4 weeks. **Maintenance Refills**: ___

Leqembi (lecanemab-irmb)

- ❑ 10mg / kg IV every 2 weeks x _____ weeks
- ❑ Maintenance dosing: 10 mg / kg every 2 weeks OR 10 mg / kg every 4 weeks **Maintenance Refills**: ___

Soliris (eculizumab)

Generalized Myasthenia Gravis (gMG) –or- Atypical Hemolytic Uremic Syndrome (aHUS)

- ❑ Induction: Soliris 900mg IV every week x 4 doses
- ❑ Maintenance**:** Soliris 1200mg IV every 2 weeks starting at week 5 **Maintenance Refills**: ___

Paroxysmal Nocturnal Hemoglobinuria

- ❑ Induction: Soliris 600mg IV every week x 4 doses
- ❑ Maintenance: Soliris 900mg IV every 2 weeks starting at week 5 **Maintenance Refills**: ___

Rystiggo (rozanolixizumab-noli) (weight based)

- ❑ <50kg: 420mg SQ weekly for 6 weeks
- ❑ 50kg to < 100kg: 560mg SQ weekly for 6 weeks
- ❑ 100kg and up: 840mg SQ weeks for 6 weeks
- ❑ **Repeat x _____ cycles every _____ weeks, starting at day 1 of previous cycle**

Physician Prescription Orders Address: _____ Phone: _____

Fax: _____ Clinic Contact: _____ Physician Name: _____

NPI #_____***Physician Signature:*** _____***Date:*** _____